

Knee arthroscopy

This leaflet is for the parents and carers of children under the care of Mr Dodds, Mr Davies and Mr ElKhoully. It aims to answer some of the questions that you or your child may have about their operation. You will also have an opportunity to discuss any further concerns with us, on admission.

A general anaesthetic requires your child to be starved beforehand.

Morning admission:

Last food: 2.30am

Breastfeed: 4.30am

Water or weak squash until 7.30am

Afternoon admission:

Last food: 7.30am

Breastfeed: 9.30am

Water or weak squash until 12.30pm

Please be aware that milk and chewing gum is considered food.

If you do not follow these instructions your child's procedure may be delayed or even cancelled.

What is an arthroscopy?

An arthroscopy allows a surgeon to look inside the knee with a special camera. This procedure is relatively simple and the least invasive way of getting inside the knee to diagnose and treat problems.

Are there any alternatives to arthroscopy?

Your child will have already had a physical examination and other tests such as X-rays, an MRI or CT scan. An arthroscopy has been recommended to give a more accurate diagnosis and/or to treat the problem identified.

How is the procedure done?

An arthroscopy is performed under general anaesthetic (your child is asleep). Small incisions (about ½ cm) are made and a fibre-optic instrument is inserted into the joint. Surgical instruments can also be used during the procedure to remove or repair damaged tissues.

What are the risks of the procedure?

The risk of complications such as bleeding, infection or damage to other tissues is less than 1% (1 case in every 100). Most side effects are treatable and therefore there is a very low chance

of a lasting problem as a result.

Every anaesthetic carries a risk, but this is small. The anaesthetic will be given by an anaesthetist (a specially trained doctor). After having an anaesthetic some children may feel sick or vomit. They may have a headache, sore throat, feel dizzy or be upset. These side effects are usually not severe and are short-lived.

What shall we bring to hospital?

For some children it is reassuring if they can bring a familiar toy from home. A play specialist may be involved in your child's care, and they will be able to provide a range of suitable toys and activities. A hospital gown will be provided to wear to theatre. However, children may want to bring their own nightwear, slippers and dressing gown to change into afterwards.

What happens on admission?

The surgeon will explain the procedure to you in the outpatients department and again on the ward, and can discuss any worries that you may have. An anaesthetist will also visit you to explain the anaesthetic. **If your child has any medical problems, for instance, allergies, please tell the surgeon and anaesthetist about these.** Your child may also have 'magic cream' (local anaesthetic) applied to the back of their hands so that the anaesthetic injection will be less painful. One parent/carer will be able to accompany your child to the anaesthetic room and stay with them until they are asleep.

What happens after the operation?

After your child has had their operation they will be taken into the recovery room to wake up. Once they are sufficiently recovered, you may be able to accompany the nurse to collect them and bring them back to the ward. Some children can wake up crying because of the strange environment. It does not mean they are in pain. Children are given pain relief during their operation. If necessary, further pain relief will be given on the ward. It is possible that your child may vomit following surgery - medicine can be given to relieve this if the vomiting persists. Following the surgery your child will have a bandage on the operated knee. Your child may be seen by a physiotherapist following the operation. Your doctor will discuss this with you on the day of the operation.

When can we go home?

Your child may go home when both you and the staff are happy that they have recovered sufficiently, usually on the same day. They should be awake and comfortable, tolerating fluids and light diet and been to the toilet.

Advice following arthroscopy

Following an arthroscopy it will take between 3 and 8 weeks before the knee is back to normal. However, your child will not need to be off school for this entire period. They can usually return

to school after 1 week. If there are any special instructions your doctor will talk to you about them before you go home.

- Your child may experience some pain or discomfort. You will be advised about appropriate pain relief before you go home.
- Your child will need to rest for the next 2 or 3 days. When sitting, keep your child's leg raised to prevent swelling.
- Remove the large bandage the day after your child's operation. Your child will then be required to wear a double layer of tubigrip. This provides some support to the knee. This should be worn for 2 weeks during the day only.
- It is important to **keep the knee dry for 10 days** after the operation.
- After 10 days, soak the dressing and paper stitches off in the bath.
- If your child's leg becomes swollen, encourage them to raise it and rest. Apply an ice pack every hour for 20 minutes. This may be repeated every hour for a few hours until the swelling is reduced. (A bag of frozen peas wrapped in a towel works very well).
- Follow the exercises given to you by the physiotherapist or nurse.
 - Avoid sports for 2 weeks. It may take up to 6 weeks to be ready for vigorous or contact sports.

Contacting us

Pre-clerking nurse: 0118 322 7518

Kempton Day Bed Unit: 0118 322 7512 / 8754 (Mon-Fri 7am-7pm)

Lion/Dolphin Wards: 0118 322 7519 / 8075 (outside of these hours)

To find out more about our Trust visit www.royalberkshire.nhs.uk

Please ask if you need this information in another language or format.

RBFT Paediatric Orthopaedic Unit, November 2022

Next review due: November 2024